



CITY OF EDINA

4801 West 50th Street, Edina,

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.edinamn.gov

PERMIT NUMBER

For office use only

DEMOLITION / MOVING PERMIT

PRINT OR TYPE APPLICATION

Demo Check list

1. Completed Permit Application
2. Existing Survey(See back of permit for survey requirements)
3. Construction Management Form Completed
4. Neighborhood Meeting Letter and Mailing list
5. Written request for escrow refund is required.

Site Information

Address _____ Suite/Unit Number _____

Lot _____ Block _____ Subdivision _____

Tenant/Building name _____

☐ Demolition Description ☐ Move Description

Proposed starting date _____ Completion Date _____

Structure being demo'd/move'd _____

Valuation

(Moving permit cost is \$212.00)

Applicant is

☐ Owner

☐ Contractor

Contractor Information

Company name _____ MN Contractors License# _____

Address _____ City _____ State _____ Zip _____

Contact person name _____ Phone _____

Cell _____ Pgr _____ Fax _____ Email _____

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

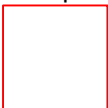
Phone _____ Cell _____ Email _____

Moving Permit Requirements

☐ Destination of structure _____ Move date _____

☐ Attach map and description of moving route

☐ Survey with grade elevations at each lot corner, grade elevations at each corner of the existing foundation, elevation at top of entry floor.



Contractor
Initial



Owner
Initial

CONDITION OF PERMIT: Property must be restored within 30 days of building move – utilities abandoned at the property line with a permit, foundation demolished with a separate permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building move.

Demolition Permit Requirements

- ☐ Sewer and Water disconnected. Permit number _____ Approved by _____ Date _____
- ☐ Fire Dept burning permit if applicable. Permit Number _____ Approved by _____ Date _____
- ☐ Survey with grade elevations at each lot corner, grade elevations at each corner of the existing foundation, elevation at top of entry floor.
- ☐ Metropolitan Council Environmental Services SAC credit determination required for commercial demolition OR Owner letter acknowledging their understanding that SAC credits will be denied if credit determination not received in the same calendar year the demolition permit is issued.

Contractor
InitialOwner
Initial

CONDITION OF PERMIT: Property must be restored within 30 days of building move – utilities abandoned at the property line with a permit, foundation demolished with a separate permit, debris removed, demolition excavation filled to match adjacent grade and seed or sod placed and maintained at disturbed areas. OR A permit must be issued for a new structure within 30 days of the building move.

Applicant Signature

I hereby apply for a permit and attest to the following:

- * All information on this application is complete and accurate.
- * All work will comply with Conditions of Permit, Edina City Code and Minnesota State Building Code.
- * I understand this is an application only, not a permit. Work will not start without an approved permit.
- * All work will be done according to plans approved by the City of Edina when approved plans are required.
- * Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twelve months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status.
Metro: (651) 296-2594, Outstate: 1 (800) 657-3602, www.commerce.state.mn.us/mainbc.htm

Approvals

for office use only

Building Inspections Dept

By _____ Date _____

Planning Dept

By _____ Date _____

Engineering Dept

By _____ Date _____

Fire Dept

By _____ Date _____

Police Dept

By _____ Date _____

Fees

for office use only

Fixed permit fee ☐ Yes ☐ No _____Permit fee (by value) ☐ Yes ☐ No _____State surcharge ☐ Yes ☐ No _____Investigation fee ☐ Yes ☐ No _____